|  |  |   | )            |  |                       |                          |     |                              |                        |     | . 2       | 740                    | _         |
|--|--|---|--------------|--|-----------------------|--------------------------|-----|------------------------------|------------------------|-----|-----------|------------------------|-----------|
| `•   |  |   |              |  |                       |                          |     | Application or Docket Number |                        |     |           | ber                    |           |
| PATENT APPLICATION FEE DETERMINATION RECO<br>Effective October 1, 2000   |  |   |              |  |                       |                          |     | 09 (2797/                    |                        |     |           |                        |           |
|  |  |   | SMALL E      | NTITY                                  | OR                    | OTHER<br>SMALL           |     |                              |                        |     |           |                        |           |
| TOTAL CLAIMS   |  |   | 18           |  |                       |                          |     | RATE                         | FEE                    | ]   | RATE      | FEE                    | کا        |
| FOR  |  |   | NUMBER FILED |  | NUMBER EXTRA          |                          |     | BASIC FEE                    | 355.00                 | OR  | Basic Fee | 710.00                 | Available |
| TOTAL CHARGEABLE CLAIMS  |  |   | / minus 20=  |  | • 6                   |                          |     | X\$ 9=                       |                        | OR  | X\$18=    |                        |           |
| INDEPENDENT CLAIMS   |  |   | minus 3 =    |  | . /                   |                          |     | X40=                         | 10                     | OR  | X80=      | -                      | •         |
| ML   | ILTIPLE DEPEN                                  | DENT CLAIM P                                    | RESENT       |  |                       |                          |     | +135=                        | 1                      | 1   | +270=     |                        | Hest      |
| • If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |              |  |                       |                          |     | TOTAL                        | 241                    | OR  | TOTAL     |                        | Œ         |
| CLAIMS AS AMENDED - PART II  |  |   |              |  |                       |                          |     | ·                            | <u> </u>               | JOH | OTHER     | THAN                   |           |
| (Column 1) (Column 2) (Column 3)   |  |   |              |  |                       |                          |     | SMALL                        |                        | OR  | SMALL     |                        |           |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT       |              | HIGH<br>NUM<br>PREVH<br>PAID           | BER<br>OUSLY          | PRESENT<br>EXTRA         |     | RATE                         | ADDI-<br>TIONAL<br>FEE |     | RATE      | ADDI-<br>TIONAL<br>FEE |           |
|  | Total  | . 9   | Minus        | /                                      | 8                     | = \                      |     | X\$ 9=                       |                        | OR  | X\$18=    |                        |           |
|  | Independent                                    | · 3   | Minus        | ••• 4                                  | 4                     | =                        |     | X40=                         |                        | OR  | X80=      |                        |           |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |  |                       |                          | ١., | +135=                        |                        | OR  | +270=     |                        |           |
|  |  |   | •            |  |                       |                          |     | TOTAL                        | ļ                      | 00  | TOTAL     |                        |           |
|  |  |   | ADDIT. FEE   | <u></u>                                | <b>,</b>              | ADDIT. FEE               |     |                              |                        |     |           |                        |           |
| AMENDMENT B  |  | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT |              | (Cotui<br>HIGH<br>NUM<br>PREVI<br>PAID | (EST<br>IBER<br>OUSLY | PRESENT EXTRA            |     | RATE                         | ADDI-<br>TIONAL<br>FEE |     | RATE      | ADDI-<br>TIONAL<br>FEE |           |
|  | Total  | . 9   | Minus        | <b></b> 5                              | _0                    | •                        |     | X\$ 9=                       |                        | ОЯ  | X\$18=    |                        |           |
|  | Independent                                    | • 3   | Minus        | •••                                    | 4                     | =                        |     | X40=                         |                        | ОЯ  | X80=      |                        |           |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |  |                       |                          | IJ  | +135=                        |                        | OR  | +270=     |                        |           |
| TOTAL  |  |   |              |  |                       |                          |     |                              |                        | 00  | TOTAL     |                        |           |
|  |  | · /Ookennid\:                                   | ADDIT. FEE   |  | ,                     | ADDIT. FEE               |     |                              |                        |     |           |                        |           |
| ST C   |  | (Column 1) CLAIMS REMAINING AFTER               |              | HIGH<br>NUM<br>PREVIO                  | BER<br>OUSLY          | (Column 3) PRESENT EXTRA |     | RATE                         | ADDI-<br>TIONAL<br>FEE |     | RATE      | ADDI-<br>TIONAL<br>FEE |           |
| DMENT C  | Total  | • AMENDMENT                                     | Minus        | PAID<br>↔                              | <del>ron</del>        | •                        |     | X\$ 9=                       |                        | OR  | X\$18=    | FEE                    |           |

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

Minus

Independent

OR

X40=

+135=

X80=

+270=

OR ADDIT. FEE

<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "of in column 3.

\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.